



CITY OF NEWBURYPORT HEALTH DEPARTMENT

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APPLICATION FOR PERMIT TO OPERATE A SWIMMING POOL

Application is hereby made for a permit to operate a public, semi-public, wading, or special purpose pool. This pool is to be operated according to the minimum standards for swimming pools set forth in Chapter V of the Sanitary Code of the Commonwealth of Massachusetts and the City Newburyport Board of Health Rules and Regulations.

OWNER _____ TELEPHONE _____

LOCATION _____

EMERGENCY PERSON: NAME _____ HOME# _____ CELL# _____

TYPE OF POOL (check one): PUBLIC _____ SEMI PUBLIC _____ SPECIAL PURPOSE _____ WADING POOL _____

DAYS/HOURS OF OPERATION _____

SIZE: SWIMMING AREA _____ NON SWIMMING AREA _____ DIVING AREA _____

BATHER LOAD _____ BATHER LOAD SIGN IN SHEET (SUBMIT COPY) _____

LENGTH _____ WIDTH _____ VOLUME _____ DEPTH (DEEP END) _____

FLOW RATE _____ GPM TURNOVER RATE _____

TYPE OF FILTER MEDIA _____ TYPE OF SECONDARY ENTRAPMENT SYTEM _____

CHEMICAL TREATMENT SYSTEM: (Include method of introduction, equipment, feed-rate capacity, quantities used daily, etc)

I. Disinfection Method _____

COMPLIANT WITH VIRGINIA GRAHAM BAKER ACT (VGBA) YES NO

SUCTION VACUUM RELEASE SYSTEM (SVRS) YES NO

INSTALLED FITTING COMPONENT'S SHELF LIFE: _____

REQUIRED DOCUMENTS WITH APPLICATION:

- COPY OF CERTIFIED POOL OPERATOR CERTIFICATION(CPO)
- COPY OF LIFEGUARD CERTIFICATIONS
- COPY OF A BATHER LOAD SIGN IN SHEET-USED AT LOCATION
- CHEMICAL TESTING SHEET LOG BOOK-LOG BOOK REQUIRED TO BE SPIRALED **NOT** IN 3 RING BINDER
- VGBA DOCUMENTATION THAT POOL IS COMPLIANT WITH ASME/ANSI A112.19.8 - 2007.
- MEMO TO HEALTH DEPARTMENT THAT FACILITY IS IN COMPLIANCE WITH NEW AMERICANS WITH DISABILITIES ACT REGULATIONS(ADA):
WWW.ACCESS-BOARD.GOV/ADA/INDEX.HTM

TITLE _____ SIGNED _____ DATE _____